# Labor Organization Officer and Employee Report

#### U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards



This report is reandstory under P.L. 86-257, as amended. Fabure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.C.C. 439,440.

Form approved - CMS No. 1215-0188 Expires 11-30-2002

1. Harne and address of person fring	2. Name and accress or labor organization		
Edward Alvarado	General Drivers, Delivery Drivers and		
6245 Mandarin Dr	Helpers, Local Union No. 14		
Las Vegas, NV 89108	P. O. Box 14765		
	Las Vegas, Nevada 89114		
11 0 1 10 0 0 0 0 7 I M	1997 to July2000 033-295 U -1394		
Enter appropriate data below it, during the peak facet year, you or your spouse or inthor child directly or indirectly had shy of the following interests fearest as specified in the executions set forth in the instructional;  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an engagery whose employees your organization represents or is actively seeking to represent.  5. Harms of Employee  Accress of Employee  Accress of Employee  7. Nature of Interest, Transaction or income			
		2. *	
		9. Held an interest in or derived indome or economic benefit with mone tary value treat a becames (1) a substantial part of which consists of buying from, seeiing or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeiing to represent, or (2) any definit which consists of buying from or dealing or reasing of recity or and reality to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
3. Name or business	Address of business		
American Income Life Insurance C	Company, P.O. Box 2608, Waco TX 76797		
S. Business deals with-	10. If 98 or 90 is choosed give trust or employer's name		
□ A. Labor Organization    □ B Trust    □ C. Effologie	or .		
11. Nature and approximate dotter value of such dealings	James and the second se		
American Income Life Insurance C	Company provided, at no additional cost, benefit of \$10,000 to the individual		
ligted above while they were tra	iveling in any convenience on official		
Union business. No benefits wer	re paid to insured. Agreement with		
2. Nature of vitement rend or McCorne received insurance of	company was immediately terminated upon		
being notified to do so by the I	Independent Review Board in its letter		
dated June 6, 2000 to Patrick Sz	zmanski, General Counsel for the		
	amsters. This form is being filed as		
instructed in that letter.			
<ol> <li>Receives from any employer (other than an employer covered tany payment of money or other thing of value.</li> </ol>	under parts A and B above) or from any lebor relations consultant to an employer		
15. Hierre and address of employer 🗀 or computant 🗍	14. Nature of payment		
	IN 1 15 U W 15 U W 15 U W		
	AUG   2000   D		
IF MORE SPACE IS NEED	ED ATTACH ADDITIONAL SHEETS USDOL/ESA		
16. Signature and rentheriten—The undertagned declares, under the appropriate penalties of the law, that all of the reportation in the report, including			
<ol> <li>Signature and renthertien—The union-respired because, under the the artischingsts incorporated therein of referred to in this report.</li> </ol>	thes been examined by him and is, to the best of his knowledge and belief, true.		
correct and complete.			
Econologia Dorodo as Las	Vegas Nevada 1/20/00		
CTV.	· State / Date /		

## Labor Organization Officer and Employee Report

## U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandetory under P.L. 34-267, se amended. Fallure to comply may result in Form approved - OMB No. 1215-0188 criminal prosecution, fines and civil pensities as provided by 29 U.S.C. 439,440. Expires 11-30-2002 2. Name and address of labor organization 1. Name and address of person filing General Drivers, Delivery Drivers and Edward Alvardo Helpers, Local Union No. 14 6245 Manderin Drive P.O.Box 14765 Las Vegas, NV 89108 Las Vegas NV 89114 4. Date fiscal year ended 5. File number (if seeigned) 3. Position in labor organización January 1997 to July 2000 033-295 Business Agent/Trustee Enter appropriate data below it, during the past fiscel year, you or your spouse or minor child directly or indirectly had any of the following interents (except as specified in the exclusions set forth in the instructions): Hold an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6 Name of Employer Address of Employer 7. Nature of interest, Transaction or Income Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents of its actively seeking to represent, or (2) any part of which consists of buying from or selling of leasing directly or indirectly to, or otherwise dealing with your labor organization or with a frust in which your labor organization is interested. tame of business 9. Business deals with-10. If 9B or 9C is checked give trust or employer's name LIB. Trust L. A. Labor Organization LC. Employer 11. Nature and approximate dollar value of such dealings PENSON OF THE PERSON IN SERVICE TO COLUMN Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value USDOL/ESA OLMS/DOE/SRD 13 Name and address of employer 14. Nature of payment or consultant American Income Life Insurance Company P.O.Box 2608 See Attachment Waco, TX 76797 IS MORE SPACE IS NEFDED ATTACH ADDITIONAL SHEETS The undersigned declares, under the applicable penalties of the few, that all of the information in this report, including Signature and confloction the attachments incomprated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true. correct and complete. Las Vegas Nevada

> Date Form LM-30 (Rev. 1986)

### Labor Organization Officer and Employee Report LM-30

## General Drivers, Delivery Drivers and Helpers, Local Union No. 14 File Number 033-295

## No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

